THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXXI. THURSDAY, DECEMBER 22, 1864. No. 21.

LATENT ENCEPHALOID DISEASE OF THE STOMACH, OF A VERY PECULIAR FORM, IN A LAD 15 YEARS OF AGE; THE FIRST OF HIS SICKNESS DATING FROM A FALL THAT HE RECEIVED ONLY TEN MONTHS BEFORE HIS DEATH.

[Read before the Boston Society for Medical Improvement, Dec. 12th, 1864.]

BY J. B. S. JACKSON, M.D.

ON the 17th ult., I received from Dr. J. M. Nye, of Lynn, who made the dissection, the stomach, with a tumor external to it, and a portion of the liver; and the stomach, with a cast in plaster of the same, is now before the Society for examination. The disease of this organ is not continuous, but in separate patches, circular or irregularly oval, about ½ inch to rather more than 2 inches in diameter; altogether there may be about a dozen of them, but those that I suppose to be the most recent seemed to be indicated by little else than opacity of the mucous membrane, though their outline is sufficiently well defined, as is that of the patches generally. The larger patches, of which there are four or five, are raised from two to three lines above the surrounding surface, soft in appearance and to the feel, and of a dull yellowish opaque color, with some small dark-red ecchymoses over the surface of two or three. The whole surface of one of these last is deeply ulcerated, but without any induration about it; and there may be a trace of the same in one of the others. Otherwise the stomach is perfectly healthy; there being no disease within some distance of the orifices, and this last fact explains the absence of those symptoms that are usually associated with cancer of the stomach. A comparative latency of the disease is not unfrequently noticed in cases of common encephaloid as distinguished from scirrhus of the organ; this last affecting particularly the pyloric portion and involving more or less the pylorus, whereas the encephaloid is found generally in a large, single, defined circular patch in the small curvature, and not far from midway between the two orifices; the rest of the stomach being sometimes perfectly healthy, and the latency complete.

The tumor referred to was closely connected with the stomach and duodenum, was nearly as large as the fist, and in structure as marked an encephaloid as I have ever seen; being of the soft variety, with some traces of effused blood. The disease of the stomach, I have taken it for granted, was of the same nature, though the patches were not cut through; and my idea is that it preceded the formation of the disease external to the organ, though this last was so very extensive.

The portion of liver that I saw was quite healthy, and so Dr. N. found the whole organ, though it was considerably enlarged; the bile in the gall-bladder being thick and dark. The other organs he found healthy, and quite free from cancerous disease.

A few days after I received the specimens, I had an opportunity, through the kindness of Dr. Nye, of seeing Dr. A. D. Dearborn, of Saugus, the family physician, and also the parents of the lad. The father, the Rev. W. P. Upham, had been a missionary amongst the Cherokee Indians for the last twenty-two years, and his children were all born in the West. The subject of the present case was rather smaller than the rest, but always very active in mind and body. For about a year, previously to the last two years, he had had occasional but not well-marked attacks of intermittent fever; the other children being much more severely affected than he was. Last July the family moved from the West, and have since resided in this vicinity. The parents and their other children are quite healthy, and they are not aware of there ever having been a case of cancer upon either side of the family.

On the 7th of September, as nearly as Mr. and Mrs. U. can remember, their son jumped from the back of a wagon, when it was going at the rate of about six miles an hour, and fell with considerable force "upon his face," i. e. upon the front of his body. He was able to walk home, however—about three fourths of a mile—but from that time he complained of an occasional and paroxysmal pain in the epigastrium, and, when he exerted himself, it would be quite severe. Up to the time of this accident the parents insist upon the fact that he was perfectly well; though for a year and a half or two years previously he had ceased to grow. This last fact would hardly be explained by the attacks of fever that he had had in the West; and I cannot think, from the entire absence of symptoms, that the cancer had been forming all that time, however latent the disease sometimes is.

About four weeks after this accident, he was sent upon an errand about a mile from home; and, a buggy coming along, he took hold behind it, and, as the horse was going very fast, it was as much as he could do to keep up with it; and yet he was afraid to let go, lest he should fall. When he arrived, however, at the place where he was to stop, he was obliged to let go his hold, and he again fell, with great violence, "upon his face." It was with great difficulty

that he walked home; immediately upon his arrival he threw himself upon the sofa, very much exhausted, and complaining of great distress at the epigastrium. He recovered, however, from this second accident so far as to be able to go to school for two weeks longer. At the end of this time he went to Boston with his father, and passed the day in seeing the sights of the city; going up into the cupola of the State House, and walking altogether, Mr. U. thinks, about six miles. As usual on such occasions, he took no proper dinner, but ate pie three or four times in the course of the day.

On the day following this excursion, and about four weeks before his death, which occurred on the 16th of November, he dined, though without appetite, upon roast lamb, and immediately afterwards vomited. From that time he was sick, and his case was regarded as one of typhoid fever. For the first week his mother took care of him, but afterwards he was attended by Dr. Dearborn. The chief symptoms were a moderate increase of heat, but without chill; restlessness, wakefulness, not merely anorexia, but almost a disgust at the idea of food, and of which he took scarcely any, vomiting twice at the end of the first week and again once three days before death; yellowness of the skin, which during the last week was quite marked, and was fully explained when the bile ducts were found so imbedded in the tumor; pain, marked stupor with some delirium for about three or four days previously to the last two, and loss of flesh and strength. No epistaxis. Early in his sickness he complained much of pain in the small of the back, left hypochondrium, and particularly in the left upper extremity; this last being acute, and, as he thought, keeping him awake. These pains, however, afterwards subsided, excepting that in his back, which continued as long as he was conscious enough to complain of it. The vomiting at the end of the first week came on after he had taken peppermint water for a distress in his stomach, and for which no cause could be assigned; there was no nausea nor retching, except when he vomited. As to the matters vomited, they were colored by bile on the last occasion, but on the two first they were not observed. The bowels were never loose, and when they were at all confined they were very easily acted upon by medicine. Soon after Dr. D. saw him, he found an entire absence of bile in the dejections, but after a dose of calomel, and a few blue pills, which were continued for some days, the color was sufficiently well. As organic disease was not thought of, no particular examination of the epigastrium was made, and the tumor was not felt.

On dissection, the disease about the stomach was of course regarded as a sufficient cause of death, and no examination was made of the intestines with reference to the typhoid fever that was supposed to have existed. This is to be regretted, as, according to Mr. Paget (Surg. Pathology, p. 553), Rokitansky has found "medullary cancers sometimes developed in great numbers in the course and

among the phenomena of a very acute typhoid fever." I doubt extremely, however, if any affection of Peyer's patches would have been found in this case.

I have spoken of this as a latent case of cancer; for though there were symptoms pointing to the stomach, they were not such as would have led any one to have suspected serious disease. It was latent, though not completely so.

As to the duration of the disease, the lad did not seem to have been in any way sick until ten weeks before his death, when he met with his first fall; and though that would be an exceedingly short period for the formation of such an amount of disease as was found, I believe that it did not exist previously, whatever amount of tendency there may have been in the system to it. Of the two most rapidly fatal cases of encephaloid disease that I have met with, so far as I can remember, one terminated, according to my notes, in four and a half months. The other was that of a gentleman of this city, who, whilst fording a river in the Island of Cuba, during the month of March, met with an accident that obliged him to get out of his carriage and stand up to his waist in water for about an hour; from that time he sickened, and on the 2d of July he died. In both of these cases very extensive disease was found in the abdomen and thorax. Lebert, however, in his work on Cancer, refers to a case of cancer of the womb that he had seen, and which proved fatal in two months; and he remarks that a duration of from three to six months is more frequent than one of eight or ten years. Mr. Paget found that in 45 cases 6 proved fatal within six months; and it may be further remarked that as cancer, after it is known to exist, is sometimes seen to grow with surprising rapidity, we may conceive that in some cases it may do so from the very commencement.

The public, and careless medical observers, who are not much better, are very much inclined to trace back disease to some exciting cause. Cancer is often attributed to an external injury; and with so little reason, probably, in most cases, that some are almost disposed to question whether it is ever produced in this way. That blows upon the breast, the testicle, and the extremities, sometimes induce cancer, I have no question. The first case above referred to, for instance, and which proved fatal in four and half months, was that of a sailor, who fell and struck his testicle; though he suffered but little at the time, pain and swelling came on in two weeks, and from that time he sank. And, in another case, a gentleman was kicked upon the testicle by a child in bed; the organ swelled from that time, but it was not until three years afterwards that it was removed. I was present at the operation, a most cruel and unwarrantable one, as carcinomatous tumors could be felt at the time within the abdomen, and, the patient dying only three days afterwards, I found an immense amount of internal disease. That cancer should be produced by direct external violence, does not seem to me a very unreasonable

idea, however the fact may have been questioned; but that it should occur in an internal organ, as the result in any way of a fall, and by which no one organ, so far as we can see, could be directly injured, however severe the shock might be to the whole system, is certainly very remarkable. The operation of the causes of disease, however, is a most mysterious subject; and cases will now and then be met, in which it seems to me much more unphilosophical to shut our eyes to the facts than to allow a connection that we cannot explain. I have referred to the case of a gentleman who stood up to his waist in water for an hour, sickened from that time, and died of extensive cancerous disease; how such an exposure could have produced internal cancer we certainly cannot understand; and yet, if he had not been so exposed, he might perhaps have lived for years. Neither in the case of Mr. Upham's son can we explain the occurrence of cancer of the stomach by the fall or falls; and yet, if they had not occurred, I suppose that he might have been alive at this day.

The occurrence of cancer of the stomach at the age of 15 years, and the peculiar anatomical form of the disease in the above case, are facts that require no comment; and, I would only say further, that, as a whole, it presents as many interesting points as any case of cancer that I have ever examined.

CASES OF TUMORS.

By Richard M. Hodges, M.D.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

Nineteen tumors and outgrowths were removed from patients entering the Surgical Wards of the west Wing of the Massachusetts General Hospital between July 1st and October 31st, 1864. Their nature and locality were as follows:—

1 Glandular—neck.
2 " thyroid body.
1 " testicle.
1 Fatty—shoulder.
1 Exostosis—forehead
1 Erectile—orbit.
1 Malignant—superior maxillary bone.
2 malignant—face.
1 " sub-maxillary.
3 " breast.
1 " (melanotic)—groin and perinæum.
1 Encysted—orbit.
1 " breast.
1 Horn—lower lip.

The following cases, of which the specimens were shown at meetings of the Improvement Society, are reported in detail, as possessing special interest. Others are already reported in the Extracts from the Records of the Boston Society for Medical Improvement.

Ivory Exostosis of the Frontal Region.

S. C., farmer, æt. 24, born in New Hampshire, entered Mass. Gen. Hospital, Oct. 16th, 1864. Has always enjoyed uninterrupted good health, and has no hereditary taint, rheumatic tendency or acquired disease. He enters the Hospital for a tumor of the frontal region

of three years growth, attributed to a fall on the ice, happening just previous to its appearance, in which he struck his forehead. This tumor occupies rather more than one half of the forehead on the left side, extending from just beyond the median line to the temple, and from the roots of the hair downward, projecting into the orbit, protruding the eye and displacing it downward and outward, over three inches from the inner orbital angle. At its most prominent point, the tumor is two and a quarter inches above the natural surface of the frontal bone; from side to side it measures five inches; from above downward, five and a half inches. The integument over this growth is natural in appearance, and not tense or adherent. It is uniformly smooth, and not lobulated, although there is an imperfectly marked division into what might be called a frontal and an orbital portion. It is immovable, not sensitive to the touch. At one or two points it has an elastic feel, and gives the sensation of a thin bony cyst; elsewhere it appears perfectly dense and bony. At times the tumor is the seat of a great deal of pain. The sight of the eye is impaired, and attempts to raise the eyelid cause severe pain in the eyeball. There are not now, and never have been, any cerebral symptoms. The pulse, bowels and appetite are natural. Patient is a little slow of speech; acquaintance shows him to be querulous, complaining and timid.

According to the man's own statement, the tumor has presented a bony feel from the outset, although at the end of a year after its first inception, a fluctuating spot towards its inner border developed itself, was punctured, and discharged a quantity of sanious, watery fluid, mingled with purulent matter. At this period, and subsequently, the tumor was exceedingly painful. Some months after the first puncture, it again became soft and fluctuating at the same spot, and was again punctured, with a similar result. At this time patient had a severe attack of typhoid fever. This last occurrence was in July, 1863, and since then the tumor has increased in size with great rapidity.

Oct. 19th.—On consultation with the surgeons of the Hospital, an attempt to remove the tumor was advised.

The tumor was exposed by a curved incision, with its concavity downward. This revealed a thin shell of bone, deficient at various points, expanded over the diseased growth, which itself proved to be an ivory exostosis. Between the thin shell (which was easily removed) and the tumor, was a quantity of gelatinous material, of the consistence of toasted cheese, of a greenish purulent color. Two slices of the exostosis were removed by an amputating saw, and then, with the mallet and chisel, the remaining portion was cut down to a level with the frontal bone, and by the same means gouged out from the orbit, so that the eye could be restored to its natural position. Of four chisels used, the edge of but one could stand the dense ivory structure. There was not the slightest sign of vascularity in

any part of the growth. The flaps being brought together by sutures, a wet compress was applied and the patient was carried to the ward. In the afternoon he was "doing well." From the outset he was allowed broth, and bread and milk for diet, and after the operation he went on so well that on the 24th the record was as follows: "Several sutures removed. Considerable discharge from the outer end of the wound. Swelling so much subsided about the lids that he can part them and obtain tolerable vision. Appetite good." And on the 25th, "less œdema about lids. Sat up one hour." 29th.—"Sat up for some time to-day; is constantly improving. Eats beefsteak, vegetables and fruit, with great relish." This progressive improvement continued until Nov. 11th, when an œdema of the integument of the forehead appeared and began to extend. His physical state, even at this time, was reported to be good, but on the 13th he complained of severe pain in the back of his head and neck; this was relieved by a cathartic and local applications, and on the 16th he was considered to be again doing well. At this time he was sitting up two hours daily, but on the 20th it was reported that he "sits up only when his bed is making in the morning," and that there was very severe pain in the back of the head and neck.

21st.—"Delirious in the P.M., and increasingly so in the evening. Refuses nutriment."

22d.—It was apparent that he was failing.

23d.—"Much worse towards evening, appearing almost comatose, with stertorous breathing."

24th.—"Died quietly, about 3, A.M."

The gelatinous material found between the shell of bone and the exostosis proved to be degenerated pus. The microscope showed large granular pus and blood corpuscles, and an abundance of free fat globules.

On examination after death, the exostosis was found to project internally, as it had externally, compressing the anterior lobe of the left cerebral hemisphere, which was the seat of an abscess occupying the whole of the hemisphere anterior to the middle lobe. The inflammation had extended to the right hemisphere at one point, where in contact with the left, and for the space of a square inch was sloughy and purulent. There was no meningeal inflammation, except in the fissure between the two hemispheres anteriorly, and, to a very limited extent, over the pons Varolii.

The tumor itself presented similar characteristics internally to those which were noticed externally at the time of the operation. There was a similar bony shell, deficient at points, but none of the gelatiniform, purulent-like substance between it and the surface of the tumor. It was found here, which it was impossible to do externally, that the exostosis was invested with a membrane, stripped or even wiped off with great ease, more nearly resembling a mucous one than the ordinary periosteum of bones. The general appearance and color of the

exostosis conveyed the idea that since the operation it had undergone necrosis, though in a structure so devoid of vessels this point was not an easy one to determine. It was movable and loose in the frame work of the frontal bone, whereas when operated upon it was perfectly fixed and firm. Its structure was uniformly dense throughout, and nowhere lamellated, or presenting concentric layers.

On removing the entire exostosis, with the bones connected with it, the disease was found to have invaded the nasal cavities, and to have filled the whole posterior part of the orbit, in a series of small lobules connected with the main tumor, and forming a portion of it; there were no isolated formations. In its growth it had nowhere separated or distorted the bones with which it was involved. It would seem to have had its origin in the frontal sinus, or diploic tissue of the left side of the frontal bone, and the bony shell which partly invested its internal and external surfaces was probably the expanded inner and outer tables of the os frontis. The gelatiniform substance found in relation with its outer portion may have been the degenerated diploe. The gross appearances of this material were very remarkable and altogether exceptional.

The operation performed in this instance has been successfully performed once previously. Chelius (*Ophthalmologie*, p. 428) reports the history of a young man, the subject of an exostosis which filled five sixths of the orbit, pushing the eye outward and upward, so that it was, as it were, set in the mass. A German surgeon, named Schott, attacked this with the chisel and mallet, and a new orbital cavity was hollowed out of its centre. Sight was restored, and the cure was complete and lasting. (Demarquay. *Traité des Tumeurs de l'Orbite*, pp. 51 and 67.)

Measures intended to result in causing the necrosis of such tumors have been, on several occasions, adopted, and to this end the saw as well as caustics have been resorted to. This practice and the difficulties with which it may be attended are illustrated by the following case related in Holmes (*System of Surgery*, vol. iii., p. 691):—

"A man suffering from a small ivory exostosis of the frontal region, fell under the care of Mr. Keate, one of the boldest and most skilful operators of his day, who perseveringly but vainly endeavored, by the use of trephine, saw, chisel and mallet during the space of nearly two hours to cut off the little lump of hard bone. The patient was fortunate enough to recover from this proceeding, and Mr. Keate, convinced of the uselessness of further operation, determined to attempt the extirpation of the tumor by the free application of potassa fusa and nitric acid to its exposed base. This was successful. The caustics in the course of years eat their way through the base of the tumor, which dropped off. The tumor still shows the deep groove worked into it by the trephine at the time of the operation."

Other cases, in which, by the application of caustic, exostoses have

sloughed out and separated from the surrounding bones, and one in which, loosened by an attempted cutting operation, the exostosis was extracted in a carious condition from the orbit, twelve months afterward, are to be found in Mackenzie on Diseases of the Eye. If the patient, the details of whose case have been reported, had lived, the termination of the last-mentioned instance would probably have been repeated.

Although the authors of the *Comp. de Chir.* (vol. iii., p. 415), refer to the successful case of Schott as "one of those fortunate strokes of rashness, favorable so far as the individual instance goes, but hereafter to be compensated for by numerous unfortunate failures which a practice less audacious would have avoided," the extent to which the disease, in the case under consideration, had progressed, and the horrible future which its increasing growth threatened, justified an attempt to arrest by operation its further development. The locality and limited character of the exostosis made it a favorable one for removal; an unsightly tumor would be disposed of, the deformity of the eye would be relieved, and the destruction of its sight prevented. The excellent condition of the patient for so long a time after the operation conveys the impression that the operative measures were not of themselves the cause of the abscess of the brain, but that this was due to the pressure of the tumor, and to the irritation resulting from its necrosed condition, which gave to it the character of a foreign body.

Erectile Tumor of Orbit.

M. T., æt. 58, real estate agent, born in New Hampshire, entered Mass. Gen. Hospital, July 9th, 1864. In the winter of 1840–41, the patient severely froze the right side of his face. This was followed by a dryness and uneasiness in his right eye, which lasted until the following April, when, whilst reading by gas-light, he was suddenly seized with a sharp pain and watering of the eye. For this he was treated by a distinguished oculist, from whom I learn that there ensued an attack of specific iritis. Traces of this still remain in the pupil, which is partly blocked up by lymph, and the sight is impaired in consequence. At the expiration of six weeks a cure was effected, but the patient noticed at the end of the treatment that there was a slight eversion of the eyeball. Six years later (1847), a small tumor became apparent below the eye, varying in size at different times. In 1850, the tumor having increased, a second oculist was consulted, by whom he was treated for eight weeks, chiefly by bleeding and submuriate of mercury. The existing inflammation of his eye subsided, but the treatment was without result so far as the tumor was concerned. In 1854, the tumor having still further increased in volume, he was again subjected to the treatment above alluded to. The irritation of his eye, which he attributed to the size of the tumor, diminished, but the tumor remained unaffected.

In 1860, the size of the tumor was such that it protruded the eyeball and caused eversion of the lower lid. As the result of a consultation of oculists, a treatment of conium and iodide of potassa was pursued for six months. During this period the tumor was punctured with a lancet, giving issue only to blood. For about three years the patient has been under no treatment, and the disease has been slowly but steadily increasing. The exophthalmia has now reached a remarkable degree, and the aspect of the patient is extraordinary and hideous. The tumor is apparently somewhat larger than a hen's egg, protruding the eye forward with slight eversion. The upper lid is very much distended and stretched. The conjunctiva is thickened, ulcerated, and suppurating over the everted lower lid. The tumor is elastic, movable to a limited extent, rounded and without lobules. There is no pulsation or sensation in it at any time; as the patient says, it feels perfectly "dead." Since the first attack, in 1841, the vision of the affected eye has not altered. General health robust and unimpaired.

July 10th.—Operation. An incision was carried from the outer canthus to the edge of the orbit. The conjunctiva being cut across, displayed the external rectus expanded over the tumor. On dividing this, the enucleation of the tumor was effected with comparative ease. No vessel required a ligature, nor was there any venous hæmorrhage or oozing of any kind. The distended orbit and the cavity left by the removal of the disease permitting the eyeball to fall back to an unnatural degree, it was held in proper relation to the eyelids by a stitch carried through the conjunctiva.

The tumor, as large as an egg, is smooth and ovoidal in shape, and on section consists of a cavernous structure, filled with blood, easily evacuated by pressure and washing, by which processes it is reduced in size one half, and is then seen to consist exclusively of cells, analogous to those of the corpus cavernosum penis, and capable of inflation with a blow-pipe, so as to resemble the section of an emphysematous lung. Under the microscope there are no signs of any vessels, or of any other structure than a cavernous one. The tumor is enclosed in a tough capsule, into which no vessel can be seen entering.

July 16th.—Patient walks out in the garden.

Aug. 8th.—The overstretched lids have gradually contracted. Has motion of the eye, almost equal to the unaffected one. The sight is better than for seven or eight years past.

Aug. 12th.—Discharged, well.

When seen, a month later, there was little difference between the two eyes; all the apparently superabundant tissue of the lids had shrunk to their natural proportions, and there was no appreciable deformity of the eye or its appendages.

The remarkable feature of this tumor consists in its perfectly encysted character, and the absence of vascular connection, either venous or arterial, of appreciable size, with the surrounding parts.

Erectile growths sometimes undergo a spontaneous cure, becoming simple fibrous tumors without special afferent or efferent vessels, and an interesting specimen of this was shown to this Society, a few evenings since, by Dr. H. J. Bigelow. In that instance, everything of a vascular character had disappeared, and the tumor had become but a congeries of cavernous cells, filled with limpid fluid. In the operation for its removal, no vessel required a ligature. But in the tumor under consideration its active vascular character still remained. So far as I can learn, the only author who makes mention of tumors of this description is Von Carion, *Lehrbuch der praktischen Augenheilkunde*, Vienna, 1861, page 506. "Vascular spongy growths (cavernous growths) are sometimes developed in the deeper layers of the sub-cutaneous cellular tissue of the lids and their immediate neighborhood, and occasionally also extend their roots into the orbital tissues, and indeed to variable depths. They are always surrounded with a thin areolar capsule, and consequently can be enucleated." For this reference I am indebted to Dr. G. Hay.

A cavernous tumor in many respects similar to the one above described was removed by Liston from the popliteal space. The case is reported in the *Med.-Chir. Transactions*, vol. xxvi., p. 120.

AN EPIDEMIC OF ACAPULCO FEVER.

By Geo. T. Shipley, M.D., U.S.N., Surgeon of U. S. S. Wateree.

[Communicated for the Boston Medical and Surgical Journal.]

At anchor in Magdalena Bay, Lower California, in latitude 24° N., on the 8th day of October, 1864, one landsman of the Waterce was attacked with remittent fever. On the 9th, at sea, going North, two more cases occurred; on the 10th, three; on the 11th, twenty-two; on the 12th, thirty-one; on the 13th, eleven; on the 14th, eighteen; on the 15th, twelve; on the 16th, eight; on the 17th, at anchor off Vallejo Navy Yard, California, five; on the 18th, seven; and the disease ceased. On the 21st I had a slight attack myself; fortunately after reaching a point where other medical aid for the men was available. When attacked, I was residing at a house in the Yard.

Convalescence supervened in every case, in from two days to thirty or more. But thirty-two cases remain upon the list to-day, Nov. 7th, all of whom are progressing favorably. I classify my patients as follows:—

Officers,	2	Seamen,	12	Marines,	5	Coalheavers,	8
" forward & petty,	19	Landsmen,	63	Firemen,	12	Total,	121

One hundred and twenty-one cases in a total ship's company of one hundred and ninety-six, within a fortnight.

The disease began in every case with a chill of greater or less intensity. In eleven, a second and quotidian chill followed. The usual febrile exacerbations were noticeable in every case, occurring towards evening. The disease bore every evidence of being the ordinary remittent fever of the coast, but in thirty-one instances was complicated with symptoms of yellow fever, to such an extent that an observer unacquainted with the history of the affair would have pronounced these thirty-one patients suffering from genuine typhus icterodes, in a mild form. Even to the somewhat undetermined statement of the initiatory chill of remittent occurring by day, and that of yellow fever by night, these thirty-one cases bore favorable testimony. Their origin was for the greater part between sunset and sunrise. With them the extreme epigastric tenderness upon pressure, the nausea, the intense pain in head and back, the desire for cold drinks, the anxiety of countenance, in one case the suppression of urine for eighteen hours, in several—one strongly marked—the hæmorrhagic diathesis, with tubercles studding the skin and *leaking* blood, the suffused and darkened upper face, the peculiar discoloration of skin and eyes, the deceitful calm between the first and second febrile attacks, the singular fondness for tobacco when nothing could be retained by the stomach—were all so marked that neither Dr. Bishop, the surgeon of the yard here, nor I, had any hesitation in regarding the disease, in these cases, as remittent and yellow fever combined, if not pure typhus icterodes; though without black vomit.

Typhoidal symptoms, extreme debility with occasional delirium, supervened in many instances, both in the remittent and yellow fever. The disease or diseases gave all grades, from the walking cases with spontaneous recovery, to the patient brought to death's door, and rallying only after fierce battle with the pestilence. Already, as I write, nine men who had remittent fever only, have had relapses of intermittent, since entire recovery from the former.

The treatment may be briefly stated. A cathartic at the outset, of Ext. colocynth. co., with an equal quantity of pil. hydrarg., or of hydrarg. chlor. mit., with an equal quantity of quiniæ sulph., or of rheum et magnesia. Following this cathartic, quiniæ sulph., and whiskey. Beef-tea, soups, &c., when required. Sinapisms epigastrically, creasote, chloroform, &c., internally, for the extreme nausea; hyoscyam. ext. and opium for insomnia; cold water as a drink *ad libitum*. Bleeding in any form was *never* resorted to. I believe it was never required. I have used whiskey lavishly, both in the disease and during convalescence. I have no hesitation in saying that to its unstinted use, with the inevitable quinine in combination, the convalescence of the hundred and twenty-one patients is due. Due, I mean, in the aid that the stimulant and the anti-periodic gave to the great healer of all disease, Nature. That without the stimulant many patients would have died, I have no doubt. The ship will be thoroughly disinfected by superheated steam.

From Sept. 26th to Oct. 1st., the ship was at anchor in Acapulco harbor; an utterly land locked bay, shut in by high mountains, at the foot of which are swamps receiving their drainage. Thermometer 85° to 100°. Little wind, and that from the swamps to the ship. All sorts of malarious fever raging on shore and in the French squadron there. The French fleet-surgeon had just killed himself by trying to ward off a chill with 240 grains of quinine in a dose. No traces of yellow fever on shore or in the ships. Its existence a fortnight later in the Wateree, seems to me a clear and unmistakable result of the remittent. The Wateree had traversed the Atlantic and Pacific tropics to Acapulco, in her cruise, touching and remaining for weeks at prominent ports, without a single case of epidemic or climatic disease till she left Acapulco. Can remittent develope yellow fever? The question has points of interest to physicians afloat and ashore.

Vallejo Navy Yard, Cal., Nov. 7th, 1864.

NOTES.—Magdalena Bay is a locality where dampness on shore is unknown. No rain has fallen there for *eight years*.

The Wateree is a sweet and clean iron ship, free from bilge water, 1000 tons burden, with side wheels. Her only characteristics of *adjuvant disease* are in giving a typhoid and rheumatic tendency to every sickness occurring on board, like all other iron ships.

ON THE ACTION OF THE BROMIDE OF POTASSIUM.

BY S. W. D. WILLIAMS, M.D., L.R.C.P. LOND., &c.

READING some remarks in a late number of the *Lancet* on the action of bromide of potassium, and having tried the drug extensively for the last five months, it has occurred to me that a few observations on its action may not be unacceptable to the readers of the *Medical Times and Gazette*.

Through the kindness of Dr. Wing, the Superintendent of the Northampton General Lunatic Asylum, I have been enabled freely to try it in as many as thirty-seven cases. These were all epileptics, and I append a table showing in one column the number of fits registered during the last five months of last year, when they were taking no medicine, and in the other the number registered during the first five months of this year, when each case was taking on an average ten grains of the salt twice daily.

I may premise that the greatest care was taken that, for the whole of the ten months during which these thirty-seven patients were under observation, their lives, with the exception of taking the bromide during the last five, should be spent under as near as possible the same circumstances.

From the following table it will be seen that the number of fits amongst the males decreased by 306, and amongst the females by 157; that all the patients but 5 males and 6 females were benefited more

or less; that the improvement was, however, more apparent amongst the males than the females; but that no patient of either sex was entirely cured. It is right to remark that all these patients are more or less insane, and many of them extremely violent at times.

Males' Names.	Fits during last five months of 1863.	Fits during first five months of 1864.	Females' Names.	Fits during last five months of 1863.	Fits during first five months of 1864.
W. M.	148	107	E. H.	23	19
J. R.	69	45	E. J.	25	37
J. B.	32	21	M. K.	60	27
J. J.	246	91	E. H.	29	9
W. L.	55	37	E. W.	50	56
S. L. B.	19	24	C. S.	17	23
T. H.	40	29	S. A.	82	85
C. B.	52	46	M. L.	20	5
R. H.	112	102	A. S.	41	22
G. M.	47	64	E. G.	46	53
W. W.	36	37	H. W.	1	..
J. L. M.	33	26	M. L.	57	8
T. G.	13	4	A. C.	11	22
R. G.	30	9	M. C.	1	..
J. K.	25	16	S. A. P.	577	556
E. E.	8	14	S. A.	1	..
W. O.	10	10	S. S.	73	37
W. M.	29	14	E. G.	13	11
J. J.	8	10	..	..	..
	1012	706	..	1127	970

Mr. Henry Behrend. the writer in the *Lancet*, confines his remarks to the powerful effect this drug has on "insomnia and restlessness, accompanied and dependent on nervous excitement and irritability," and this statement my own observations fully corroborate; but I have not the same confidence in recommending, as he does, the unfettered use of half-drachm doses; for in several of the cases recorded above it was found necessary to reduce even the average—ten grains twice daily; and in the majority the first use of the drug was accompanied by sickness and lassitude.

Those patients on whom the drug seemed to take the most effect in this way were seven in number; after using it for a few days the action of their hearts became slow and fluttering, the eye lost its lustre, the skin was cold and clammy; they had a wearied, anxious look, and complained of headache, and sickness, and shivering, and of unusual weakness at the knees, and invariably sat crouched up by the fireside all day, evidently devoid of all energy and resolution. Curiously enough, in all the cases thus powerfully affected the fits were increased instead of diminished.

The drug excited hypercatharsis in two patients, which was repeated again and again each time it was renewed; the fits in both these cases were diminished; in the case of the female from 41 to 22.

One patient, S. A., was apparently, five months ago, one of the most healthy persons in the home—fat, strong, and rosy; but soon after taking the bromide, the peculiar symptoms described above developed themselves, and the medicine was immediately omitted; but, although she rallied a little, her system never thoroughly recovered itself; tubercles became developed in the lungs, and she died towards the end of April. Truth compels me to confess that I have my doubts whether the bromide of potassium had not something to do with this poor girl's death—at all events, this occurrence has made me very watchful when using it.

On the other hand, considerable benefit has arisen from its use in some cases; it undoubtedly exercises a most powerful influence on the nervous system, and often soothes the irritability of epilepsy, even if it does not diminish the frequency of the fits, when no other medicine will take any effect, and in this way will be found a most valuable adjunct to the repertory of an asylum Dispensary. I cannot think that it has much effect, however, on the sexual system; for in some cases where it was used more especially with that view, there was no apparent result, but of its powers in inducing sleep in cases dependent on nervous irritability there can be no doubt, and often from ten to twenty grains twice daily will suffice to effect this. —*Medical Times and Gaz.*

Bibliographical Notices.

Outlines of Surgical Diagnosis. By George H. B. Macleod, M.D., F.R.C.S.E., &c. First American Edition, re-printed from advance sheets. New York. 1864. 8vo. Pp. 505.

This re-print of the work of Dr. Macleod, we think, will be a valuable addition to our medical literature. As its name imports, it is devoted simply to the diagnosis of surgical diseases. The importance of an accurate surgical diagnosis none can dispute. Less care may be requisite, perhaps, in a large number of cases than in medical diagnosis, yet on many occasions a long and attentive investigation and a careful balancing of facts may be necessary in order to learn the truth. Certain it is that some grave diseases, insidious in the commencement, so far simulate less serious lesions as often to mislead the most accurate observers. The points of similarity and those of difference are well pointed out in the book under notice. The author does not intend to make the work one of systematic surgery; it contains, therefore, no allusion to pathology or treatment, these being left to more general works on the subject. The body of the book is occupied with the separate consideration, in alphabetical order, of the diagnostic marks of the various surgical diseases and conditions; for instance, fifteen pages are devoted to aneurism, five to arthritis, eleven to diseases of bone, &c. Altogether we believe it to be a valuable handbook, and should be glad to see it on the tables of our surgeons.

Physician's Handbook of Practice for 1865. By WILLIAM ELMER, M.D. New York: W. A. Townsend.

THIS physician's companion comes to us in its usual style of convenience and adaptability. We have found it extremely useful in daily practice. Some trifling additions have been made in the present issue, but in the main it is the same as that of last year.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, DECEMBER 22, 1864.

APOTHECARIES' ASSISTANTS.—In a report upon the number of deaths caused by poisons in England, recently prepared by Prof. Taylor, of London, it appeared that a large percentage of the same was the result of carelessness in dispensing on the part of apothecaries. So frequent have these accidents become of late, that all sorts of remedies, except the right one, have been proposed there in the form of "poison bills," safety bottles, &c., but until a proper degree of training is enforced by Parliament on the part of apothecaries, and all in their employ who are entrusted with the dispensing of medicines, all other precautions will be in vain. Although we have no absolute data to consult respecting our own country, we fear that a similar investigation here would disclose a condition quite as deplorable. Three times certainly in the past twelve months have we had our prescriptions answered by the return of substances which were not written for, and although these mistakes were not of a dangerous character, they betrayed a carelessness or ignorance on the part of the dispenser which would indicate the possibility of future mistakes not so harmless. Now all, physicians as well as apothecaries, are liable to make mistakes occasionally, but they are only excusable when they concern our judgment. Mistakes in prescribing and dispensing are not of this class, for they must result either from culpable ignorance or carelessness. No physician has a right to prescribe a drug, the dose of which he has to guess at, and if he will observe the precaution which we once heard so forcibly impressed upon a class of students by our poet-physician that none of them will ever forget it, of religiously taking up his prescription after he has written it and reading it over again, he will never be guilty of the latter. Neither has any apothecary a right to employ an assistant who betrays a habit of carelessness or has not acquired a knowledge of dispensing sufficient for the preparation of the most complex recipe; and yet in many well-patronized shops mere boys may be seen thus occupied who cannot have acquired a proper education to fit them for such employment.

We were recently called in the night-time to a person said to be in a fit. We found, on the contrary, a stout man sitting with his leg elevated above his head, and the floor beneath his chair covered with blood. He had, it appeared, a large ulcer upon the lower leg, from which the bandages had not been removed for several days, and the foul ulceration had opened a bloodvessel. We wrote for a scruple of persulphate of iron. After waiting half an hour, during which the hæ-

morrhage was checked by the application of ice, the messenger returned with a quantity of powdered sulphate of iron. In this instance the ignorance of the person left in attendance was fortunately followed by no ill consequences, but in many cases time thus lost might be a very serious matter.

There are countries where such an occurrence is impossible, where the number of apothecary shops is limited by law, and where there can be no principal or assistant who has not studied a certain time and passed certain examinations; and although we cannot expect our own land to be so thoroughly ruled as this, we certainly can take the law into our own hands, and send our prescriptions where we know they will be properly attended to. The modern system of converting a serious and responsible business into a fancy-goods establishment where numerous salesmen are required, is, we believe, a most dangerous practice, and cannot be too severely commented on. There are, we know, apothecaries among us who have a nobler idea of the art of pharmacy than this, and who do all in their power to prevent a learned profession from degenerating into a mere trade, and these alone should receive the support of our patronage.

American Medical Association.—The Committee of the American Medical Association to which was referred, at its last annual meeting, the subject of "*Spotted Fever, so called,*" earnestly solicits from members of the profession in different parts of the country information respecting the history, phenomena and treatment of this disease as it has come under their own observation. As it is desirable to know the geographical distribution of this disease, intelligence respecting it from physicians residing in distant States and from medical officers of the Army will be particularly acceptable.

For the sake of uniformity the following questions have been prepared. Any facts not included in these questions or suggested by them, will, with the answers themselves, be gratefully appreciated and acknowledged by the Committee. Address the Chairman of the Committee, Dr. James J. Levick, 1109 Arch St., Philadelphia.

I. When did the "Spotted Fever, so called," appear in your neighborhood, and how long did it prevail there?

II. What were the usual symptoms of the disease, and what unusual symptoms occurred in your practice?

III. Did it attack many individuals at the same time, and was it materially modified by the age, sex or temperament of the patient?

IV. What was the ordinary duration of the disease, and were relapses, or second attacks, common?

V. Are you in possession of any proof that the disease was communicated from one person to another?

VI. What appeared to be the predisposing, and what the exciting causes of the disease?

VII. What complications and what sequelæ of this disease came under your notice?

VIII. What other diseases prevailed at or near the time that spotted fever did, and what epidemic diseases followed it?

IX. What was your mode of treating the disease?

X. What was the proportion of deaths to the whole number of persons attacked, and what was the usual manner of fatal termination?

XI. What were the *post-mortem* appearances?

XII. Were any microscopical observations made, and what were their results?

XIII. Has this disease prevailed in your neighborhood in former years?

A Seal Feast among the Esquimaux.—The following extracts from Hall's Arctic Research Expedition, just published, illustrate the habits of the most carnivorous people in existence. Notwithstanding the immense amount of animal fats consumed by them, consumption is rapidly reducing their numbers.

"Our breakfast and dinner were both excellent; for the former, raw frozen walrus, of which I had a piece for my share of about five pounds, and at the latter, seal. The portion of this allotted to me and Sterry was the head. We complied with the Innuit custom. Sterry took a mouthful, then passed it to me, and when I had done the same it was returned to him, and so on. Of course *fingers* were all in all. No knives and forks are found among the Innuits; fingers and teeth are more than their equivalent.

"When the meat, skin and hair were all despatched—even the eyes, except the balls, which were given to the youngest child of Sampson—we "tapped" the brain. I was surprised at the amount of a seal's brains, and equally so at the deliciousness of them! The skull was almost as thin as paper. Shoot a seal in the head and it dies. Shoot a walrus in the head, and the damage is *to the ball*, which immediately flattens, without effecting any injury whatever to the walrus.

"Later in the day I attended another feast in the igloo of Kookin, who had invited his old mother, *Shel-lu-ar-ping*, and two other venerable dames, and I must say that if my friends at home could then have seen how like an Innuit I ate, they would have blushed for me.

"First came a portion of seal's liver, raw and warm from its late existence in full life. This, with a slice of *ooksook* (blubber), was handed to each, and I made way with mine as quick as any of the old adepts. Then came ribs enclosed in tender meat, dripping with blood. How ambrosial to my palate! Lastly came—what? *Entrails*, which the old lady drew through her fingers yards in length. This was served to every one but me in pieces of two to three feet long. I saw at once that it was supposed I would not like to eat this *delicacy*; but, having partaken of it before, I signified my wish to do so now; for, be it remembered, *there is no part of a seal but is good*. I drew the ribbon-like food through my teeth Innuit fashion; finished it, and then asked for more. This immensely pleased the old dames. They were in ecstasies. It seemed as if they thought me the best of the group. They laughed—they bestowed upon me all the most pleasant epithets their language would admit. I was one of them—one of the honored few! * * * * * *

"Sampson was the master of ceremonies; he first made the ladies on the bed give way so as to clear a space whereon he might do the carving; then he placed on this spot the table-cloth, a huge sealskin,

and upon that put the carcass of a large deer; he then took a boat hatchet and began to carve the deer. Slabs of its side were chopped and peeled off; chips of ice flew here and there into the very faces of the guests at each stroke of the axe. As fast as Sampson rolled off the venison other men took the pieces, and by means of a saw and seal-knives reduced them to a size adapted for handling; then Sampson distributed these bits, one to each, till every mill had grist to grind. Thus for half an hour Sampson carved; then his hatchet handle broke off close up to the head. Another axe was sent for, and meanwhile, with the half of a saw, the two saddles were divided into the proper number of pieces, ready for distribution; the carcass was then once more attacked, and the shell was broken, split, and sawed into pieces. In it was the 'kernel,' to which all looked with anxious eyes; this was at last divided into as many pieces as there were pieces of saddle, and then one of each was given to every guest. I received my share with gratitude, and with a piece in each hand began eating. I bit off a mouthful of the saddle-piece; it was good. I took a morsel of the other; it was *delightful:* its flavor was a kind of sorrel acid; it had an *ambrosial* taste! it fairly melted in my mouth! When nearly through, I had the curiosity to crowd my way to a light to see what this delicious frozen food was, for where I sat I was shaded by large forms between me and the fire-light. I looked at it, rolled it over, and looked again. Behold, it was the contents of a reindeer's paunch. On this discovery, I stopped feasting for that night.

Changes in the Kidneys from Lead Poisoning.—Dr. Lanceraux maintains that in the elimination of this poison a change altogether peculiar is produced in the kidneys—a true Bright's disease. The author alludes to cases of fatty degeneration of the kidneys in poisoning by phosphorus, by the acid nitrate of mercury, and by sulphuric acid. In the latter case, he observed that "the cortical substance of the kidneys, of about normal consistence, was dotted with red. In the field of the microscope, there was absence of fat in the tubuli, but destruction of most of the epithelial cells, which formed a finely-granular grayish mass. The walls of the canaliculi appeared intact, but the interstitial connective-substance was altered, and in course of proliferation (nephritis)." The author says that the renal affection coexistent with lead poisoning is not a simple coincidence—that he has always found its characters very analogous, if not identical. He thus sums up the results of his investigations in three cases:—There was, 1st, an advanced stage of lead poisoning, with cachexy; 2d, a lesion of the kidneys, always characterized by inequality of their surface; atrophy of their cortical substance; hyperplasy of the connective-substance; destruction, or even the disappearance of the cellular elements, with albumen present in the urine. This renal affection only succeeds to an advanced stage of lead disease.—*Am. Journal of the Med. Sciences*, from *Brit. and For. Med.-Chir. Rev.*, April, 1864, from *L'Union Médicale*, Dec. 15, 1863.

Persulphate of Iron in Hæmorrhoids.—Dr. Geo. S. Cartwright, Assistant Surg. U. S. V., highly extols (*Cincinnati Lancet and Observer*, May, 1861) the efficacy of the persulphate of iron employed as an

ointment in the treatment of hæmorrhoids. It is especially beneficial, he states, in ulcerated hæmorrhoids; or in those whose constitutions are debilitated from diarrhœa, long marches, and excessive fatigue of any kind.

Of several cases which he relates illustrative of the advantages of this remedy, we select the following:—"Major ——, U.S.A., of full habit, has been the subject of slight hæmorrhoids for several years. For the last twelve months has been obliged to travel a great part of the time in a rough vehicle. Applied to me Dec. 5th, 1863. On examination, found a small tumor, external to the sphincter, about the size of a large pea; when at stool it would protrude to the size of a small walnut, and would with difficulty be returned.

"*Treatment.*—Lead water applied freely to the part, and R. ferri persulphas, ℥ss., cerate simplex, ℥i. Rub well together and apply on retiring at night. The effect of the persulphas was almost immediate, relieving pain and cauterizing the part. I would state that he had previously used ointment of galls, tannin, opium, &c., with only temporary relief. The effect of the persulphas is permanent, and in the above case he was able to ride on horseback, or take active exercise, within two weeks after commencing the use of the iron, without the least inconvenience. It is now two months since he first commenced the use of it, and has not had any return since.—*Am. Jour. Med. Sci.*

A SUPPER was given by the Faculty to the students of the Medical School, at the Revere House, on Friday evening last, at which His Excellency Gov. Andrew and many physicians were present. The supper was excellent, as was the singing which followed, and all appeared to enjoy themselves. The class is a large one, and certainly an extraordinarily tall one.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, DECEMBER 17th, 1864.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	38	34	72
Ave. mortality of corresponding weeks for ten years, 1853—1863,	37.5	40.2	77.7
Average corrected to increased population - - - - -	00	00	85.11
Death of persons above 90 - - - - - - - - -	0	1	1

BOOKS RECEIVED.—Handbook of Hygienic Practice. By R. T. Trall, M.D. New York: Miller & Wood.

MARRIED,—At Danbury, Conn., Charles W. Skiff, M.D., formerly of New Haven, to Miss Susan R. Tweedy, of Danbury.

DIED,—At Roxbury, Dec. 17th, Dr. John Lawrence Fox, U.S.A., aged 54.—At Tecumseh, Mich., Dec. 5th, of carcinomatous tumor of the liver, Dr. William Baldwin, aged 65.—At sea, off Falkland Islands, July 29th, of consumption, Dr. William James Radford, late of South Boston, aged 43 years.—Killed, in one of the recent battles in Virginia, Lucius M. Sargent, Jr., M.D., Lieut.-Col. of 2d Mass. Cavalry.

DEATHS IN BOSTON for the week ending Saturday noon, Dec. 17th, 72. Males, 38—Females, 34.—Accident, 3—congestion of the brain, 2—disease of the brain, 1—bronchitis, 3—cancer, 1—cholera infantum, 1—consumption, 13—convulsions, 5—croup, 3—debility, 1—diphtheria, 3—dropsy, 1—dropsy of the brain, 4—typhoid fever, 1—fits, 1—hæmorrhage, 1—disease of the heart, 2—infantile disease, 6—insanity, 1—diseases of the kidneys, 1—inflammation of the lungs, 7—marasmus, 2—old age, 2—paralysis, 1—peritonitis, 1—purpura, 1—pyæmia, 1—suicide, 1—unknown, 2.

Under 5 years of age, 29—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 9—above 60 years, 13. Born in the United States, 50—Ireland, 16—other places, 6.